| •   |   |                                   |                                       |                                   |                  |                           |                   | Application or Docket Number |                        |                            |                     |                        |  |
|---|---|-----------------------------------|---------------------------------------|-----------------------------------|------------------|---------------------------|-------------------|------------------------------|------------------------|----------------------------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD   |   |                                   |                                       |                                   |                  |                           |                   |                              |                        |                            |                     |                        |  |
| Effective October 1, 2003   |   |                                   |                                       |                                   |                  |                           |                   | 10695692                     |                        |                            |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |                                   |                                       |                                   |                  |                           | SMALL ENTITY TYPE |                              |                        | OTHER THAN OR SMALL ENTITY |                     |                        |  |
| TOTAL CLAIMS  |   |                                   | .8·                                   |                                   |                  |                           | RA                | RATE FEE                     |                        | 1                          | RATE                | FEE                    |  |
| FOR   |   |                                   | NUMBER FILED                          |                                   | NUME             | NUMBER EXTRA              |                   | BASIC FEE 385.00             |                        | OR                         | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |                                   | <i>3</i> minus 20=                    |                                   | • ф              |                           | X\$ 9=            |                              | OR                     | X\$18=                     |                     |                        |  |
| INE   | EPENDENT C  | )_ minus 3 =                      |                                       | * 'Þ                              |                  | X43=                      |                   | OR.                          | X86=                   |                            |                     |                        |  |
| MU  | ILTIPLE DEPEN   | NDENT CLAIM P                     | RESENT                                |                                   |                  | +145                      |                   |                              |                        | OR                         | +290=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                          |   |                                   |                                       |                                   |                  |                           | TO                | TAL                          | 385                    | OR                         | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II   |   |                                   |                                       |                                   |                  |                           |                   |                              |                        | -                          | OTHER               |                        |  |
| _   |   | (Column 1)                        | 1                                     | (Colun                            |                  |                           | SMALI             |                              | ENTITY                 | OR<br>1 I                  | SMALL               |                        |  |
| AMENDMENT A   |   | REMAINING<br>AFTER<br>AMENDMENT   |                                       | NUME<br>PREVIO                    | BER              | PRESENT<br>EXTRA          | RA                | TE                           | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | . 9                               | Minus                                 | O                                 | 0                | 5                         | X\$               | 9=                           |                        | OR                         | X\$18=              |                        |  |
| ME  | Independent   | • 3                               | Minus                                 | ***                               | 9                | -                         | X4:               | 3=                           |                        | OR                         | X86=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                   |                                       |                                   |                  |                           |                   | 5=                           |                        |                            | +290=               |                        |  |
| 1,8   |   |                                   |                                       |                                   |                  |                           |                   | J=<br>OTAL                   |                        | OR                         | TOTAL               |                        |  |
|   |   |                                   |                                       |                                   |                  |                           | ADDIT.            |                              |                        | OR                         | ADDIT. FEE          | ·                      |  |
| _   |   | (Column 1)<br>CLAIMS              | <del></del>                           | (Colum                            |                  | (Column 3)                |                   |                              | <del></del>            |                            |                     |                        |  |
| AMENDMENT B   |   | REMAINING<br>AFTER<br>AMENDMENT   | -                                     | NUME<br>PREVIO<br>PAID F          | BER              | PRESENT<br>EXTRA          | , RA              | ΓE                           | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *                                 | Minus                                 | **                                |                  | =                         | X\$               | 9=                           |                        | OR                         | X\$18=              |                        |  |
| AME   | Independent   | *                                 | Minus                                 | . ***                             | <u> </u>         |                           |                   | X43=                         |                        | OR                         | X86=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                   |                                       |                                   |                  |                           |                   | 5=                           |                        | OR                         | +290=               |                        |  |
| 7074  |   |                                   |                                       |                                   |                  |                           |                   |                              |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |  |
|   |   | ,                                 |                                       |                                   |                  |                           |                   |                              |                        |                            |                     |                        |  |
| S F   | •   | (Column 1) CLAIMS REMAINING AFTER | . •                                   | (Colum<br>HIGHE<br>NUMB<br>PREVIO | ST<br>ER<br>USLY | (Column 3)  PRESENT EXTRA | RAT               | Έ                            | ADDI-<br>TIONAL        |                            | RATE                | ADDI-<br>TIONAL        |  |
| Ž.  | Total   | AMENDMENT                         | Minum                                 | PAID F                            | OR               | _                         | -                 |                              | FEE                    | ŀ                          |                     | FEE                    |  |
|   | Independent   | *                                 | Minus<br>Minus                        | ***                               |                  | =                         | X\$ 9             | }=                           |                        | OR                         | X\$18=              |                        |  |
| ₹   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                   |                                       |                                   |                  |                           | X43               | =                            |                        | OR                         | X86=                |                        |  |
|   |   |                                   |                                       |                                   |                  |                           | +145              | i=                           |                        | OR'                        | +290=               |                        |  |
|   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |                                   |                                       |                                   |                  |                           |                   |                              |                        | OB L                       | TOTAL               |                        |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |   |                                   |                                       |                                   |                  |                           |                   |                              |                        |                            |                     |                        |  |
| •   | + ing. reat (1011)  | Jo. 1 Torrowaly Per               | ··· · · · · · · · · · · · · · · · · · | - incheline                       | , u.ro           | mgnest number             |                   | ابله د                       | Jp. 12.10 00.1         |                            |                     |                        |  |

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